

RECEIVED
SDNY PRO SE OFFICE
2020 FEB 26 AM 9:55

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Angel Borges 19A4381
804 Sprangue St.

Schenectady NY 12307

(In the space above enter the full name(s) of the plaintiff(s).)

20 CV 1685

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983

Jury Trial: Yes X No
(check one)

Defendant No. 1 Schenectady County Jail, John Doe, Jane Doe
whose identity cannot be determined

Defendant No. 2 Schenectady County Jail Medical services
Whose identity cannot be determined

Defendant No. 3 an employee of Corr. Med. Inc, whose Identity
cannot dermined,

Defendant No. 4 John Doe no 1-4

Defendant No. 5 Jane Doe no 1-4

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. No addresses should be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Angel Borges
ID # 19A4381
Current Institution Downstate Correctional Fac.
Address Box F
Red Schoolhouse RD, Fishkill Ny 12524-0445

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Schenectady county jail Shield # _____
 Where Currently Employed _____
 Address 612 state st

Defendant No. 2 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? _____

B. Where in the institution did the events giving rise to your claim(s) occur? _____

C. What date and approximate time did the events giving rise to your claim(s) occur? _____

D. Facts: My constitutional rights have been violatied and I have been discriminated by prison and medical staff of Schenectedy County Jail. My obuious medical condition was treated with indiffernce to my life. After making it clear to staff of my Heart surgery in Feb 2019 in Dec 2019. I was expericencing extreme chest pain with numbness in my left arm. The medincal staff gave me medication which made it worst. Days later inSept 2019 I felt worst and was taken to Ellis Hospital they took test and sent me back to the jail. After that visit to the Hospital I've made several visits to the jail medical clinic only to be returned to my cell, Oct 2019 three visits, Nov two visit, and in Dec one visit. When I was at the Schenectedy County Jail clinic in Dec I was given a Disciplinary ticket to intimidatè me. I was transtfered to Downstate Correctional Faculty that same month. After Downstate Medical staff check my EKG, I was transfered to Newburg Hospital and was diagnois to have a heart bypass surgery. Shortly after I was brought to Westchester Hospital for surgery.

What
happened
to
you?

Who
did
what?

Was
anyone
else
involved?

Who
else
saw
what
happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. Mental and physical pain with suffering

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act of 1995, 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
Yes X No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). Schenectedy county jail

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? Almost died

D. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose not cover some of your claim(s)?

Yes ☒ No ☐ Do Not Know ☐

If YES, which claim(s)? Almost died

E. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☐

F. If you did file a grievance, about the events described in this complaint, where did you file the grievance? Yes

1. Which claim(s) in this complaint did you grieve? All.....

2. What was the result, if any? I was threaten and given a disciplany ticket

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I did my best

G. If you did not file a grievance, did you inform any officials of your claim(s)?

Yes _____ No _____

1. If YES, whom did you inform and when did you inform them? _____

2. If NO, why not? _____

I. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the court to do for you. That I be compensated for my pain and suffering and the medical indifference to my health

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No x

On
these
claims

B. If your answer to A is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:

Plaintiff NNA

Defendants NA

2. Court (if federal court, name the district; if state court, name the county) NA

3. Docket or Index number NA

4. Name of Judge assigned to your case NA

5. Approximate date of filing lawsuit NA

6. Is the case still pending? Yes No X

If NO, give the approximate date of disposition NA

7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) NA

D. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes No X

On
other
claims

E. If your answer to D is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:

Plaintiff

Defendants

2. Court (if federal court, name the district; if state court, name the county)

3. Docket or Index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit:

6. Is the case still pending? Yes No

If NO, give the approximate date of disposition

7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

Signed this ____ day of _____, 20____. I declare under penalty of perjury that the foregoing is true and correct.

Signature of Plaintiff _____

Inmate Number _____

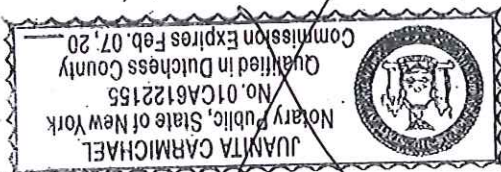
Mailing address _____

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this ____ day of _____, 20____, I will deliver this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: Angel Boaz

16 Sworn to before me this
day of February 2020
J. Carmichael
Notary Public



Angel, Borges 1944381
WASHINGTON CORRECTIONAL FACILITY
172 LOCK 11 LANE P.O. BOX 180
COMSTOCK, NEW YORK 12821-0180

WASHINGTON NEOPOST
02/21/2020
FIR
CORRECTIONAL FACILITY
US POSTAGE \$01
041

United State District Court
Southern District of New York
500 Pearl Street
New York N.Y. 10007

2020 FEB 26 AM 9:53
PRO SE OFFICE

Pro Se Intake
KH

LEGAL - MAIL